Suicide Prevention, Intervention & Postvention Care

Training Manual

Based on Nationally Recognized Best Practice in Suicide Prevention Training

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Busting **S**uicide **M**yths

→ ***I need to leave suicide prevention to the experts.***

The person who approaches you may have a level of trust in confiding in you about issues they are facing. Any *positive action* on your part can avert a potential tragedy. Most people in crisis just need to know that *somebody cares* and is *willing to listen*. Often they simply need to talk; they are not necessarily looking for solutions.

→ ***People who threaten to kill themselves will not follow through.***

We must regard seriously every conversation where someone identifies suicide as an option. In some cases that is true, sometimes this moment represents a cry for help. However, it would be erroneous to believe that applies in all cases. Sometimes, when a person says they are over suicidal thoughts, they can be at their most vulnerable.

→ ***Non-fatal attempts at suicide, or people who talk about suicide, are only after attention.***

Yes they are. They are desperate for attention. However, it is not just attention in an attempt to monopolize your time; something is brewing beneath the surface that needs assistance. The issues driving them can be *spiritual, biological, or psychological*. It takes time to unravel what is fuelling these behaviours. To articulate to someone who has non-fatal attempts at suicide, self-harms or talks about suicide, that they are merely '*attention seeking*' is detrimental to the situation. We need to express to them that we are thankful they are voicing their inner wrestling. Where there is life, there is hope.

→ ***Single sudden traumatic events are the catalysts for suicide.***

There can be situations where this is true, that sudden traumatic events can hasten a decision already made.

However, more often than not, it is an accumulation of events in a person's life. Traumatic events should alert us to the possibility of these being catalysts to secretly settled decisions that may have been made by the person. Direct questions relating to *how* the person is *feeling* and *what* they are *thinking*, will soon evidence their frame of mind.

→ ***Most suicides occur with little or no warning.***

When an event such as this happens, the initial response is that the bereaved person is *blindsided*. However, after the chaos of the initial shock subsides, the breadcrumb trail of clues become evident. The person's past behaviour and emotional reactions will come to the fore as the bereaved reflects. Nevertheless, there will *always remain unanswered questions* as to the *why* of the act.

→ ***Talking about suicide plants the idea in someone's mind who exhibits suicidal ideations.***

Open, honest discussions on suicide that *neither glorifies the act nor berates the person* wrestling with these thoughts, can be the impetus for someone revealing any plans they may have. Avoiding talk about suicide, treats it as the '*elephant in the room,*' and is never helpful, leading to greater feelings of isolation for people struggling with these thoughts. Genuine concern that is *non-judgemental* assists in opening them up, whilst a judgemental approach alienates them and they will not risk asking anyone else, for fear of the same response.

→ ***A person exhibiting suicidal ideations clearly wants to die.***

People do not end their life because they do not love life. It is more because they *cannot live the life they love*. This will be true of those with terminal illnesses and those who have lost loved ones, often compounded by biological, psychological, or sociological reasons. No other options present as more desirable because whatever situation they are in, is so overwhelming and clouding their logical thought processes. Most are looking for hope, but feel *helpless* to find it; sometimes they even feel *unworthy* of it.

→ ***Once a person is no longer depressed, the danger is over.***

This can be the case, however, it can also be an indication that they are at peace with the decision to end their life and move quietly toward that end. Often while depressed the person does not have the energy to follow through on the thought, however, once the depression lifts and energy levels return, the person is then able to carry out their plan.

→ ***I am bound by confidentiality from revealing the plans of someone who tells me they want to die by suicide.***

Your '*duty of care*' is such that you are obligated to seek assistance where someone has revealed their plans to kill themself to you. The person's well-being is of primary importance, even if they compel you to promise that you will not tell anyone. If you keep it secret, know that you will feel responsible for their death, should they follow through. This guilt can last a long time and be difficult to move past. It is better to live with their anger toward you for a brief time, than live with feeling responsible for their death.

→ ***Someone who has lost his or her loved one to suicide, 'gets over it' eventually.***

Suicide death is unlike any other death and affects the bereaved person for their *entire life*. They do not '*get over it*' merely learn to adjust as one might adjust to losing a limb. They are never the same. It is forever etched into their psyche.

→ ***Young people are at greater risk than any other age group.***

Suicide is no respecter of age, or gender, cannot be predicted, and the statistics vary from one country to another, even one state to another. You can never tell what someone is thinking or feeling and all age groups should be considered vulnerable to suicide. Teens however, are going through *emotional, hormonal and social adaptation*, which can prove to be a tumultuous time and therefore can present greater risk, often accelerated by *dysfunctional family relationships*.

→ ***Poor people are more likely to die by suicide.***

Suicide is no respecter of socio-economic status. The reasons why people die by suicide are not necessarily bound up in their financial situation, although there have been noted some that have suffered sudden financial loss then take their life.

→ ***People who die by suicide are mentally ill.***

There is documented correlation between suicide and mental illness; however, *not everyone who is mentally ill dies by suicide*. There is no single diagnosis thought to be the catalyst for suicide. However, it would be fair to say that a person who ends their life is not thinking clearly, or rationally, therefore their *thought processes are impaired*, which is not unlike mental illness or better stated, a *mental disorder*.

→ ***A person that takes their life is demon possessed.***

Possession is difficult to prove, especially when talking about Christians who die by suicide; however, one could say with the greatest confidence that the demonic is involved either *indirectly* or *directly* in these tragedies.

→ ***Suicide is a coward's way out.***

It appears to outsiders that this is true. However, other mitigating influences such *as psychological, biological, or spiritual influences* need consideration. *Hopelessness* can be quite debilitating and we can never fully know the extent to which they received help or sought help.
